

VI

CLINICAL CASE *

Shown by DAVID NABARRO, F.R.C.P.

THE PRESIDENT presented a case for diagnosis. The patient was a little girl, aged four and a half years, whom he saw for the first time that day, and he brought her because she had an unusual condition, and he had found some difficulty as to the diagnosis.

He was asked to see the child because it was thought she might have several primary chancres on the external genitalia. The sores on the vulva had been present a week. There was no history of congenital syphilis in infancy ; she simply had these small ulcers. There were five brothers in the family, all of them said to be well ; he had not obtained a proper history yet, as he had not seen the parents. The ulcers did not feel much indurated, and he thought they were more like condylomata than primary sores. There was one on each labium majus, one near the clitoris, and one further back. There was also said to be one near the anus. The inguinal glands were considerably enlarged. No gonococci were found. She went to the Royal Free Hospital, and thence she was sent to St. Margaret's, where the speaker saw her. Spirochætes were found in scrapings from the ulcers at the Royal Free Hospital.

Dr. ANWYL-DAVIES asked whether Dr. Nabarro had seen glands in the groin as large and as typical as this child presented, in a congenitally syphilitic condition. By palpation of the glands alone, one would assume that it was a freshly acquired condition.

Mr. JOHN ADAMS said that after feeling the glands individually he was of opinion from the chronic inflammatory condition and adenitis of the inguinal gland that this was a case of syphilis. He considered that all the sores originated at the same time, and he felt no hesitation in recommending the use of salvarsan at once. A thin parchment-like induration of the sores was felt.

* At a meeting of the Medical Society for the Study of Venereal Diseases, May 26, 1933.

CLINICAL CASE

Acquired syphilis was his diagnosis, and he considered that the infection took place not less than six weeks ago.

The PRESIDENT, in reply, said he had seen glands as large as in this child in congenital syphilis, but not in the situation the present patient had them. When Mr. Waugh was at Great Ormond Street Children's Hospital he used to send all adenitis cases to have a Wassermann test done on them, and in a small number the speaker found cervical adenitis was the only symptom of congenital syphilis. They were cases of cervical or axillary adenitis. When the inguinal glands alone were enlarged, as in this case, they were more suggestive of primary than of acquired syphilis, and particularly in conjunction with the sores. As Mr. Adams had said, the sores had a little induration beneath them, and it was a question as to whether the chancres were primary or were condylomata. In his eighteen years' experience at Great Ormond Street, this was the first case of acquired syphilis in a child which, to his knowledge, he had encountered. He had had a few children with late syphilitic symptoms whose mothers proved Wassermann negative, and who may have been instances of acquired infection.

Later note (16.5.33). The parents both give clear negative Wassermann and Kahn reactions, as does a younger child born eighteen months after the patient. The patient herself showed a strongly positive W.R. and Kahn. The lesions are healing rapidly under treatment; injections of bisoxyl, "orarsan" internally and ung. hydr. ammon. dil. to the ulcers. It looks a clear case.